



STATE OF WASHINGTON  
POLICE TRAFFIC  
COLLISION REPORT



1591971

REPORT NO. E335002

INTERSTATE <input type="checkbox"/>	CITY STREET <input checked="" type="checkbox"/>	FIRE RESULTED <input type="checkbox"/>
STATE ROUTE <input type="checkbox"/>	OTHER <input type="checkbox"/>	STOLEN VEHICLE <input type="checkbox"/>
COUNTY RD <input type="checkbox"/>	PRIVATE WAY <input type="checkbox"/>	HIT & RUN INVOLVED <input type="checkbox"/>

TRIBAL RESERVATION ☐

CASE #	14-01380
LOCAL AGENCY CODING	
TOTAL # OF UNITS	02
OBJECT STRUCK	

DATE OF COLLISION	06 - 16 - 2014	TIME (2400)	1433	COUNTY #	31	MILES		N <input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> W <input type="checkbox"/>	IN OF <input checked="" type="checkbox"/>	CITY #	0664
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ON (PRIMARY TRAFFIC WAY) INTERSECTION ☒ NON-INTERSECTION ☐

20TH ST SE BLOCK NO. ☒ 8300 MILE POST ☐

DISTANCE ☐ MILES ☐ N ☐ E ☐ S ☐ W ☐ OF (REFERENCE OR CROSS STREET) 83RD AVE SE

UNIT 01 MOTOR VEHICLE ☒ PEDAL-CYCLE ☐ DAMAGE THRESHOLD MET YES ☒ NO ☐ PHONE

LAST NAME MC KAY FIRST NAME MARY MIDDLE INITIAL L

STREET NEW ADDRESS 9210 MARKET PL UNIT G101

CITY LAKE STEVENS ST WA ZIP 982583354

CDL RESTRICTIONS B ENDORSEMENTS

DRIVER'S LICENSE # MCKAYML666PU STATE WA SEX F D.O.B. MMDDYYYY 10 - 31 - 1934

ON DUTY ☐ STATUS AIRBAG 2 RESTR. 4 EJECT 1 HELMET USE 2 INJURY CLASS 1 NATURE OF INJURIES

LICENSE PLATE # AHM5613 STATE WA VIN# 1FAFP55U34G118514

TRAILER PLATE # STATE TRAILER PLATE # STATE

VEH. YEAR 2004 MAKE FORD MODEL TAURUS STYLE 4T VEHICLE TOWED YES ☒ NO ☐ TOWED BY GOVT. VEHICLE YES ☒ NO ☐

REGISTERED OWNER INFO. OWNED BY DRIVER

LIABILITY INSURANCE IN EFFECT ☒ INSURANCE CO & POLICY # ALLSTATE 964569978

VEHICLE LEGALLY STANDING YES ☐ NO ☐ CITATION # CHARGE



UNIT 02 MOTOR VEHICLE ☒ PEDAL-CYCLE ☐ PEDESTRIAN ☐ PROPERTY OWNER ☐ DAMAGE THRESHOLD MET YES ☒ NO ☐ PHONE

LAST NAME MC GRAW FIRST NAME KENNETH MIDDLE INITIAL L

STREET NEW ADDRESS 3326 103RD AVE SE

CITY EVERETT ST WA ZIP 982050000

CDL RESTRICTIONS B ENDORSEMENTS

DRIVER'S LICENSE # MCGRACL40603 STATE WA SEX M D.O.B. MMDDYYYY 09 - 23 - 1960

ON DUTY ☐ STATUS AIRBAG 2 RESTR. 4 EJECT 1 HELMET USE 2 INJURY CLASS 1 NATURE OF INJURIES

LICENSE PLATE # AGJ9686 STATE WA VIN# KNAFU6A2XC5572876

TRAILER PLATE # STATE TRAILER PLATE # STATE

VEH. YEAR 2012 MAKE FORD MODEL FOCUS STYLE CP VEHICLE TOWED YES ☒ NO ☐ TOWED BY ANGEL TRANSPORT GOVT. VEHICLE YES ☒ NO ☐

REGISTERED OWNER INFO. OWNED BY DRIVER

LIABILITY INSURANCE IN EFFECT ☒ INSURANCE CO & POLICY # PROGRESSIVE 65824907-7

VEHICLE LEGALLY STANDING YES ☐ NO ☐ CITATION # CHARGE



OFFICER'S NAME (PRINT) W. AUKERMAN BADGE OR ID # 72 AGENCY WA0311900



STATE OF WASHINGTON  
POLICE TRAFFIC  
COLLISION REPORT



1591972

CORRECTION

REPORT NO. E335002

CASE # 14-01380

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)															
ADDRESS & PHONE #		SEX		D.O.B. MM/DD/YYYY											
PASSENGER <input type="checkbox"/>	WITNESS <input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS	NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)															
ADDRESS & PHONE #		SEX		D.O.B. MM/DD/YYYY											
PASSENGER <input type="checkbox"/>	WITNESS <input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS	NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)															
ADDRESS & PHONE #		SEX		D.O.B. MM/DD/YYYY											
PASSENGER <input type="checkbox"/>	WITNESS <input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS	NATURE OF INJURIES

NARRATIVE

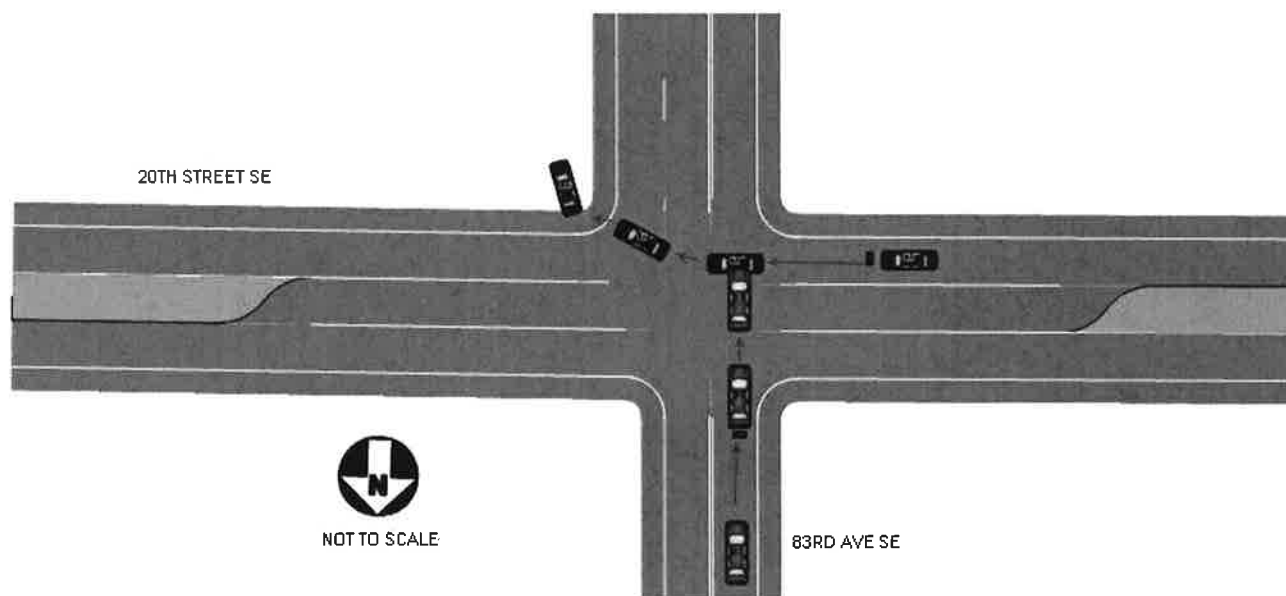
On 06/16/2014 at about 1433 hours (all times approximate) I was radio dispatched to a two vehicle non-injury/non-blocking collision at the intersection of 20th Street SE and 83rd Ave SE in the city of Lake Stevens.

Arriving on scene I noted the damage to both vehicles and spoke with the driver's. Based on evidence and statements made at the scene it is found that U1 had been traveling southbound on 83rd Ave SE and had entered the intersection of 20th Street SE while facing a solid red light. U2 had been traveling eastbound on 20th Street SE and entered the intersection of 83rd Ave SE while facing a solid green light. U1 struck the rear driver's side of U2, causing U2 to slide off the roadway onto the southeast corner of the intersection.

Aid responded to the scene and both driver's claimed no injury. U2 was not able to be safely driven from the scene due to damage caused as a result of the collision and was towed from the scene by owner's request. Angel Transporte towed the vehicle.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

W. AUKERMAN		06-16-14 04:22 PM	
INVESTIGATING OFFICER'S SIGNATURE		UNIT OR DIST. DET	PLACE SIGNED
APPROVED BY		DATE	
ROBERT MINER 095		6/16/2014 4:28:21 PM	
BADGE OR ID #	72	ORI #	WA0311900
TIME POLICE DISPATCHED		2:34 PM	TIME POLICE ARRIVED
			2:35 PM



## EXCHANGE OF INFORMATION

OFFICER NAME: **W. AUKERMAN #72**  
AGENCY: **LAKE STEVENS PD**

COLLISION: **06/16/14 02:33 PM**  
DISPATCH: **06/16/14 02:34 PM**  
ARRIVAL: **06/16/14 02:35 PM**

CASE#: **14-01380**  
LOCATION: **20TH ST SE BN:8300**  
**AT 83RD AVE SE**

NARRATIVE/NOTES:

UNIT 1:	<b>MOTOR VEHICLE -</b>	2004 FORD TAURUS SES PLATE: AHM5613 (WA)	TOWED BY:
DRIVER: <b>MARY L MC KAY</b>		VEH OWNER:	
ADDRESS: <b>9210 MARKET PL UNIT G101</b> <b>LAKE STEVENS, WA 982583354</b>		ADDRESS:	
DL #: <b>MCKAYML666PU</b>		STATE: <b>WA</b>	
PHONE:		PHONE:	
ALT PHONE:		ALT PHONE:	
INSURED BY: <b>ALLSTATE</b>		INSURED BY:	
POLICY #: <b>964569978</b>		POLICY #:	
UNIT 2:	<b>MOTOR VEHICLE -</b>	2012 FORD FOCUS PLATE: AGJ9686 (WA)	TOWED BY:
DRIVER: <b>KENNETH L MC GRAW</b>		VEH OWNER:	
ADDRESS: <b>3326 103RD AVE SE</b> <b>EVERETT, WA 982050000</b>		ADDRESS:	
DL #: <b>MCGRAKL40603</b>		STATE: <b>WA</b>	
PHONE:		PHONE:	
ALT PHONE:		ALT PHONE:	
INSURED BY: <b>PROGRESSIVE</b>		INSURED BY:	
POLICY #: <b>65824907-7</b>		POLICY #:	

**LSPD  
ORIGINAL**

<b>LAKE STEVENS POLICE EVIDENCE UNIT</b>		Primary Officer/Badge Number <i>ANKERMAN #72</i>		Case Number <i>14-01380</i>	
Type of Crime: <u>Felony / Misdemeanor (Circle)</u>		Type of Case: <i>VEHICLE COLLISION</i>		Date/Time: <i>6-16-2014</i>	
Action Number: 3 - EVIDENCE; 5 - FOUND; 10 - SAFEKEEPING		*Evidence will be held until court disposition or when the Statute of Limitations has expired *Found and Safekeeping will be held for 60 days or 60 days past owner notification			
Item #   Action #	Item	Brand Name		Storage Location	Disposition
	Brand/Model/Caliber		(Further Description)		
	Serial #	Where Found	Weight of Narcotic		
<i>1</i>		<i>1 CD-R COMPRESSORY</i>			
<i>3</i>		<i>20/92 SPS LKS</i>			
Owner's Name		Address		City	State Zip Phone #
Owner Signature/Other remarks /additional information/ special instructions <i>72</i> <i>(TUNE)</i> <i>72</i>					
Item #   Action #	Item	Brand Name		Storage Location	Disposition
	Brand/Model/Caliber		(Further Description)		
	Serial #	Where Found	Weight of Narcotic		
Owner's Name		Address		City	State Zip Phone #
Owner Signature/Other remarks /additional information/ special instructions					
Item #   Action #	Item	Brand Name		Storage Location	Disposition
	Brand/Model/Caliber		(Further Description)		
	Serial #	Where Found	Weight of Narcotic		
Owner's Name		Address		City	State Zip Phone #
Owner Signature/Other remarks /additional information/ special instructions					
Item #   Action #	Item	Brand Name		Storage Location	Disposition
	Brand/Model/Caliber		(Further Description)		
	Serial #	Where Found	Weight of Narcotic		
Owner's Name		Address		City	State Zip Phone #
Owner Signature/Other remarks /additional information/ special instructions					
Item #   Action #	Item	Brand Name		Storage Location	Disposition
	Brand/Model/Caliber		(Further Description)		
	Serial #	Where Found	Weight of Narcotic		
Owner's Name		Address		City	State Zip Phone #
Owner Signature/Other remarks /additional information/ special instructions					
Evidence Control Use Only:					
Received by Evidence:		NCIC/WACIC ✓ Date:		CAD/RMS Checked	
Name: _____ # _____		NCIC/WACIC + Date:		Owner Letter Sent:	
Date: _____ Time: _____		NCIC/WACIC - Date:		Owner Letter Sent:	
				ROUTING: _____	
				White: Property Room	
				Yellow: Case File	

ORIGINAL

LSPD





LSPD  
ORIGINAL





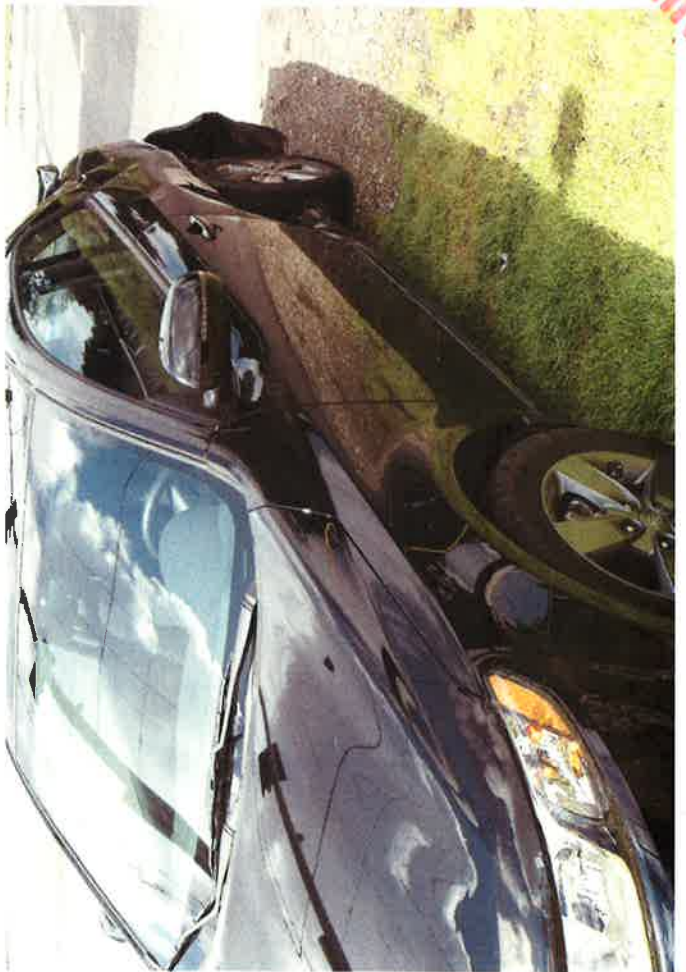
ORIGINAL







PPD  
ORIGINAL







Closed 06/16/14 15:07:08

Loc: 20 ST SE/83 AV SE, LKS (V)

Phone:

/1507 CLOSE 19D1

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